



**AMENDMENTS TO THE CLAIMS**

Claims 1-15 (Cancelled)

16. (previously presented): A process for the production of a therapeutic agent for treatment of hypoxemia in acute lung injury resulting from indirect causes which occur systemically and thereby injure the lung indirectly, which comprises mixing an anti-IL-8 antibody in an amount effective to treat the hypoxemia with a pharmaceutical acceptable carrier.

17. (previously presented): A process according to claim 16, wherein the acute lung injury is acute respiratory distress syndrome.

18. (previously presented): A process according to claim 16, wherein the acute lung injury is adult respiratory distress syndrome.

19. (previously presented): A process according to claim 16, wherein the indirect cause is sepsis syndrome.

20. (previously presented): A process according to claim 16, wherein the indirect cause is severe nonthoracic trauma.

21. (previously presented): A process according to claim 16, wherein the indirect cause is hypertransfusion during emergency resuscitation.

22. (previously presented): A process according to claim 16, wherein the indirect cause is an artificial cardiopulmonary bypass surgery.

23. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody is a monoclonal antibody.

24. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody is an antibody against mammalian IL-8.

25. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody is an antibody against human IL-8.

26. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody is the WS-4 antibody.

27. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody has the constant region of human antibody.

28. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody is a humanized or chimeric antibody.

29. (previously presented): A process according to claim 16, wherein the anti-IL-8 antibody is a humanized WS-4 antibody.

Claim 30 (Cancelled)

31. (previously presented): A therapeutic method for treatment of hypoxemia in acute lung injury resulting from indirect causes which occur systemically and thereby injure the lung indirectly, which method comprises administering a composition comprising an anti-IL-8 antibody to a subject in need thereof.

32. (previously presented): The method according to claim 31, wherein the acute lung injury is acute respiratory distress syndrome.

33. (previously presented): The method according to claim 31, wherein the acute lung injury is adult respiratory distress syndrome.

34. (previously presented): The method according to claim 31, wherein the indirect cause is sepsis syndrome.

35. (previously presented): The method according to claim 31, wherein the indirect cause is severe nonthoracic trauma.

36. (previously presented): The method according to claim 31, wherein the indirect cause is hypertransfusion during emergency resuscitation.

37. (previously presented): The method according to claim 31, wherein the indirect cause is an artificial cardiopulmonary bypass surgery.

38. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody is a monoclonal antibody.

39. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody is an antibody against mammalian IL-8.

40. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody is an antibody against human IL-8.

41. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody is the WS-4 antibody.

42. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody has the constant region of human antibody.

43. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody is a humanized or chimeric antibody.

44. (previously presented): The method according to claim 31, wherein the anti-IL-8 antibody is a humanized WS-4 antibody.